

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Factors affecting patients' trust and confidence in GPs - Evidence from the English national GP Patient Survey
AUTHORS	Croker, Joanne; Swancutt, Dawn; Roberts, Martin; Abel, Gary; Roland, Martin; Campbell, John

VERSION 1 - REVIEW

REVIEWER	Professor Paul Ward Flinders University Australia
REVIEW RETURNED	07-Mar-2013

THE STUDY	<p>The authors examine 'trust and confidence' in GPs - which I regard as problematic. I understand that the English GP Survey asks this question, and therefore to some extent, the authors are hamstrung. However, the sociological literature on trust makes a particular distinction between trust and confidence, whilst the analysis conflates the two concepts. Niklas Luhmann is probably the most useful theorist to help with this. The authors do not provide a theoretical or conceptual prelude to the paper - they provide a superficial glance at limited literature on trust, but require a much more nuanced and deep analysis of trust, since this is their core concept.</p> <p>Whilst there is a plethora of literature on the sociology of trust that, in my view, is missing from this paper, there have been a couple of relatively recent papers in the BMJ Open which need to be cited - one by Gidman et al which looked at trust in GPs and pharmacists in Scotland and one by Meyer et al that looked at trust in healthcare professionals in Australia (this paper also looked at the differences between trust, confidence and dependence).</p>
RESULTS & CONCLUSIONS	the authors need to engage with broader theoretical literature on trust - they can then provide a better interpretation of their findings in relation to this literature.
GENERAL COMMENTS	I was extremely impressed by both the statistical analyses and your explanation of them. I found Table 3 and Table A2 particularly interesting and I would imagine these would be very useful for GPs and policy makers trying to increase trust in specific sub-populations.

REVIEWER	Elena A. Platonova Elena Platonova, Ph.D. Assistant Professor of Healthcare Management University of North Carolina Charlotte, USA
REVIEW RETURNED	19-Mar-2013

GENERAL COMMENTS	<p>Interesting research and some new unexpected findings... The sample size is sufficiently large to counterbalance major methodological limitations (i.e., underrepresentation of distinct population segments, non-response bias, item ordering effects) addressed by the authors.</p> <p>Major Methodological Issues:</p> <p>1) "item ordering" and its effect on the outcome variable. The authors state that "the order of influence of the proximate items was observed to be similar to the more distant items..." (p. 9) What are those distant items? The only variable mentioned in the Methods section was "patient satisfaction." A table providing correlations between the interpersonal aspects of care items and patient satisfaction (maybe a few other methodologically important distant items) and patient trust may be beneficial.</p> <p>2) It does not seem logical that the patients who have no confidence in GP were combined with patients who answered "yes to some extent" confident in my GP. It would be more logical to compare the "not all confident" group with the group of patients who are "definitely confident." The sample is quite large to allow that.</p> <p>Minor Essential Revisions:</p> <p>1) The authors used linear log to normalize the distribution. Did it improve the distribution? There is no mention of it in the Results section.</p> <p>2) The authors state that the under-representation of younger, poor, and non-white patients was comparable to similar studies conducted somewhere in the world. I believe this statement should be supported by citations.</p> <p>Discretionary Revisions:</p> <p>1) "Our main analyses used only respondents with informative responses to all parts of Q20, Q21 and complete data on the six demographic variables." (p. 7) What is an informative response? Will the sentence change its meaning if the word "informative" is removed?</p> <p>2) "overall patient satisfaction at the surgery..." (p. 7) The word "surgery" is not mentioned in any other part of the paper.</p> <p>3) I suggest the authors use "perceived health status" and "objective health status" where appropriate. It is a little confusing when these terms are used interchangeably.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer: Professor Paul Ward
Flinders University
Australia

“The authors examine 'trust and confidence' in GPs - which I regard as problematic. I understand that the English GP Survey asks this question, and therefore to some extent, the authors are hamstrung. However, the sociological literature on trust makes a particular distinction between trust and confidence, whilst the analysis conflates the two concepts. Niklas Luhmann is probably the most useful theorist to help with this.”

Thank you for this useful and important observation which we recognise and with which we agree. We have now added a more in-depth review of the literature, including Luhmann's work which distinguishes between confidence and trust, but acknowledges that distinctions are not absolute. We have reflected in the limitations section that 'confidence and trust' as a combined concept is not ideal and discuss how we have interpreted this terminology for the purposes of our study, based on our literature review.

“The authors do not provide a theoretical or conceptual prelude to the paper - they provide a superficial glance at limited literature on trust, but require a much more nuanced and deep analysis of trust, since this is their core concept.”

Thank you for your suggestion. We have addressed this point using Luhmann's work, providing greater depth to our literature review regarding trust.

“Whilst there is a plethora of literature on the sociology of trust that, in my view, is missing from this paper, there have been a couple of relatively recent papers in the BMJ Open which need to be cited - one by Gidman et al which looked at trust in GPs and pharmacists in Scotland and one by Meyer et al that looked at trust in healthcare professionals in Australia (this paper also looked at the differences between trust, confidence and dependence).”

Thank you, we have now included these references.

“Linked to my points above - the authors need to engage with broader theoretical literature on trust - they can then provide a better interpretation of their findings in relation to this literature.”

We are grateful for your suggestions regarding the broader literature and hope the alterations outlined above have now addressed this point.

“I was extremely impressed by both the statistical analyses and your explanation of them. I found Table 3 and Table A2 particularly interesting and I would imagine these would be very useful for GPs and policy makers trying to increase trust in specific sub-populations.”

Thank you for your appreciation of the analyses and the potential use of our research to GPs and policy makers.

Reviewer: Elena A. Platonova
Elena Platonova, Ph.D. | Assistant Professor of Healthcare Management
University of North Carolina Charlotte, USA

“Interesting research and some new unexpected findings... The sample size is sufficiently large to

counterbalance major methodological limitations (i.e., underrepresentation of distinct population segments, non-response bias, item ordering effects) addressed by the authors.”

We appreciate your interest in our research, thank you.

“Major Methodological Issues:

1) “item ordering” and its effect on the outcome variable. The authors state that “the order of influence of the proximate items was observed to be similar to the more distant items...” (p. 9) What are those distant items?”

We recognise the wording of this paragraph was confusing. Here we are referring to the rank ordering of the odds ratios, when investigating the influence of aspects of the consultation on patient’s reporting definite confidence and trust. We hypothesised that this ranking may be affected by the ordering of presentation of these items on the survey questionnaire and the proximity of these items to the question regarding confidence and trust. We have therefore made alterations to this paragraph, replacing ‘items’ with ‘aspects of the consultation’. We have also clarified our explanation of the testing of this hypothesis, which used the proximal ‘confidence and trust’ item and the more distant ‘satisfaction item’ (page 9).

“The only variable mentioned in the Methods section was “patient satisfaction.” A table providing correlations between the interpersonal aspects of care items and patient satisfaction (maybe a few other methodologically important distant items) and patient trust may be beneficial.”

We wrongly referred to ‘items’ in the plural in the Results section (now corrected) when in fact we only looked at order effects for one distant item, namely “patient satisfaction”. This item was chosen because it was both distant from and plausibly related to the interpersonal aspects of care items. We do not feel that a table of bivariate correlations between the seven interpersonal aspects of care items and the patient satisfaction item would be helpful since the individual correlations take no account of the effect of the other six items or of the patient demographics. The order of size of the correlations might therefore be different from the order of size of the log odds found in the logistic regression model. The regression approach is both more sophisticated and parallels the main analysis used for the confidence and trust item. We prefer therefore not to extend our reporting of the analysis of possible ‘item order’ effects, particularly as this is not the main subject of the paper.

“2) It does not seem logical that the patients who have no confidence in GP were combined with patients who answered “yes to some extent” confident in my GP. It would be more logical to compare the “not all confident” group with the group of patients who are “definitely confident.” The sample is quite large to allow that.”

We were interested in the influence of patients’ sociodemographic profile, on the associations between communication factors within the consultation and reported definite confidence and trust in the GP. Therefore the ‘yes to some extent’ and ‘no not at all groups’ were combined, in order to distinguish between those reporting definite confidence, and those reporting less confidence. Subsequent studies could choose to focus on the ‘no not at all group’, in order to investigate factors affecting reported ‘no confidence and trust’, but this was not the focus of our study. This point has been clarified in the text (page 7, line 145).

“Minor Essential Revisions:

1) The authors used linear log to normalize the distribution. Did it improve the distribution? There is no mention of it in the Results section.”

Apologies if this was not clear, but the comment may represent a misunderstanding on the part of the

reviewer as we have not mentioned normalisation or normality. We have not transformed any data in order to normalise it since distributional normality in the independent variables is not a requirement of logistic regression analysis. The statistical model does assume however that each of the 'interpersonal item' ratings is approximately linearly related to the log odds of a patient reporting definite confidence and trust – i.e. that the effect of a one-point increase in an item rating is the same at all points on the rating scale. The two sentences from the Methods section: "In estimating the 'average effect of a one point increase' ... observed log odds on each of the ratings (results not shown)." accurately reflect how we verified the reasonableness of this assumption. However, since this is a statistical detail that is probably of little interest to, or may even confuse, the general reader. We feel that it may be best to delete these two sentences from the Methods.

"2) The authors state that the under-representation of younger, poor, and non-white patients was comparable to similar studies conducted somewhere in the world. I believe this statement should be supported by citations."

This statement now has appropriate references

"Discretionary Revisions:

1) "Our main analyses used only respondents with informative responses to all parts of Q20, Q21 and complete data on the six demographic variables." (p. 7) What is an informative response? Will the sentence change its meaning if the word "informative" is removed?"

By this we are referring to those respondents who rated aspects of the consultation as opposed to ticking the 'doesn't apply' box, and we have amended this paragraph accordingly.

"2) "overall patient satisfaction at the surgery..." (p. 7) The word "surgery" is not mentioned in any other part of the paper."

Thank you, 'at the surgery' as been removed to avoid confusion. This section now reads 'overall satisfaction with care'.

"3) I suggest the authors use "perceived health status" and "objective health status" where appropriate. It is a little confusing when these terms are used interchangeably."

VERSION 2 – REVIEW

REVIEWER	Platonova, Elena University of North Carolina at Charlotte
REVIEW RETURNED	22-Apr-2013

GENERAL COMMENTS	<p>Interesting research and some new findings... The sample size is sufficiently large to counterbalance major methodological limitations (i.e., underrepresentation of distinct population segments, non-response bias, item ordering effects) addressed by the authors.</p> <p>I have reviewed the 2nd version of the manuscript: generally, the authors addressed my previously expressed concerns. There are a few minor suggestions I have to make:</p> <p>1) Abstract (Outcome measures, line 56): I suggest "patient socio-demographic characteristics" (not variables).</p> <p>2) Background section (page 5, lines 46-47): personal factors is better than personal variables.</p> <p>3) Methods section (page 7, line 11): I suggest "patient</p>
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	<p>perception/assessment of their health states.”</p> <p>4) Discussion (Strengths and Limitations, page 11, line 50): I suggest “However, although statistically significant, these differences were relatively small.”</p> <p>5) Discussion (Strengths and Limitations, page 12, line 21): I suggest “the contribution of these factors/characteristics” (not variables).</p>
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